



CITY SECRETARY
1400 SCHERTZ PARKWAY
SCHERTZ, TEXAS 78154-1634
(210) 619-1030
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OPEN RECORD REQUEST FORM

Name of Requestor: _____

Address: _____

Telephone Numbers: (Home/Business) _____

Information Requested: (Be Specific): _____

Open records are for copies of records – we do not answer questions.

Office Use Only

Date/Time Received _____

By: (Name and Dept) _____

Date Released: _____ #Pages: _____ Cost: \$ _____

Released By: _____ Method: _____

*Signature of Requestor

*(Signature required at time material is picked up)

Date